

**State Programs to Address Insulin Pricing**

(Defendants' Questions 21-22, 29, 32-33, 57, Request 8)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<b>Question 21:</b> If You implemented any program to lower or cap the out-of-pocket cost of the At-Issue Products, identify whether the program applies to the State's entire beneficiary population or only certain groups, and if only certain groups are covered please identify the groups that are covered.	No equivalent question
<b>Question 22:</b> Identify any proposed legislation introduced during the Relevant Period that would lower or cap the out-of-pocket cost for the At-Issue Products, and whether or not that legislation was passed.	No equivalent question
<b>Question 29:</b> If You asserted Medicaid claims, identify every Pharmacy Benefit Manager and other third-party administrator used by your State Medicaid program since January 1, 2011. For each response, please provide the following information:  [Chart requesting name, relevant dates, name and title of individuals who oversaw program]	No equivalent question
<b>Question 32:</b> Have You adopted the Affordable Care Act's Medicaid expansion? ____ Yes ____ No	No equivalent question
<b>Question 33:</b> If You answered yes to Question No. 32, have You made eligibility for Medicaid expansion programs contingent on waivers with eligibility conditions, including, but not limited to, requirements that participants work a certain number of hours per week, that differ from what is required by the Affordable Care	No equivalent question

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
Act? ____ Yes ____ No	
<p><b>Question 57:</b> Do You offer any assistance programs specifically pertaining to Your citizens with pre-diabetes or diabetes? ____ Yes ____ No</p> <p>If yes, in the table below, identify the assistance program, the year(s) it was offered, the department, agency, third-party, or other entity that provided it, and provide a summary of the program.</p>	No equivalent question
<p><b>Request 8:</b> Documents or communications relating to Patient Assistance Programs offered by You, by Defendants, or by another entity.</p>	No equivalent request

**Misrepresentations**

(Defendants' Question 36)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<p><b>Question 36:</b> In the form of the table below, identify each and every WAC, list price, or other pricing figure that you allege is or was artificially inflated, false, fraudulent, misleading, or that otherwise forms the basis for the allegations in Your lawsuit, of which You are currently aware, including the approximate date the pricing figure was published or reported, the Defendant that published or reported the pricing figure, and a description of what You allege each WAC, list price, or other pricing figure should have been absent the allegedly wrongful conduct.</p>	<p>No equivalent question</p>

**Statute of Limitations**

(Defendants' Questions 37, 42, 44-46)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<b>Question 37:</b> Identify when and how You first learned or discovered that the prices for the At-Issue Products were allegedly artificially inflated, false, fraudulent, misleading, or deceptive:	No equivalent question
<b>Question 42:</b> Identify when <b>and how</b> You learned of or discovered the <i>In re Insulin Pricing</i> (D.N.J., 2:17-cv-00699) lawsuit, including whether a copy of that complaint that was sent to You by the plaintiffs in that matter:	<b>Question 34:</b> Identify the earliest date on which You learned of or discovered any other lawsuit filed against any Defendant related to insulin pricing, including <i>In re Insulin Pricing</i> (D.N.J., 2:17-cv-00699), <i>MSP LLC</i> (D.N.J., 2:18-cv-02211), <i>Minnesota</i> (D.N.J., 2:18-cv-14999), <i>In re Direct Purchaser</i> (D.N.J., 3:20-cv-03426):
<b>Question 44:</b> Identify when and how You learned of or discovered any state, or federal investigation related to insulin pricing:	No equivalent question
<b>Question 45:</b> Identify the earliest date on which You became aware of any patient assistance programs offered by the manufacturer Defendants:	No equivalent question
<b>Question 46:</b> Identify the earliest date on which You became aware of any program offered by any PBM capping the monthly out-of-pocket cost for any At-Issue Drug (e.g., Express Scripts Patient Assurance Program):	No equivalent question

**Direct Purchasing**

(Defendants' Question 59)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<p><b>Question 59:</b> Have You purchased At-Issue Products directly from pharmaceutical manufacturers, wholesalers, mail order pharmacies, and/or retail sellers? ____ Yes ____ No</p> <p>If yes, in the table below, identify each At-Issue Product You allege You purchased directly, the specific years You made the direct purchase, the entity that directly distributed the At-Issue Product(s) to You, the total quantity of At-Issue Products You purchased, and the total amount You paid:</p>	<p>No equivalent question</p>

**Administrative Fees**

(Defendants' Questions 24-25)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<p><b>Question 24:</b> Have You ever passed Rebates received <b>or Administrative Fees</b> from a PBM or other contracting entity through to Your members at the point of sale for any of the At-Issue Products? ____ Yes ____ No</p> <p>If yes, in the form of the table below, identify each such Health Plan where You passed on Rebates or <b>Administrative Fees</b>, the years You passed on Rebates <b>or Administrative Fees</b>, the At-Issue Products for which You passed on Rebates <b>or Administrative Fees</b>, and the percentage of Rebates <b>or Administrative Fees</b> that You passed on to members at the point of sale:</p>	<p><b>Question 22:</b> If You answered “yes” to question 5, please answer this question. If not, You may leave this question blank. Has Your State’s Health Plan ever passed Rebates received from a PBM or other contracting entity through to Your State’s Health Plans’ members at the point of sale for any of the At-Issue Products? ____ Yes ____ No</p> <p>If yes, in the form of the table below, identify each such Health Plan that passed on Rebates, the years the Health Plan passed on Rebates, the At-Issue Products for which the Health Plan passed on Rebates, and the percentage of Rebates that the Health Plan passed on to members at the point of sale:</p>
<p><b>Question 25:</b> Other than passing Rebates through to Your members at the point of sale, describe the ways in which You use Rebates <b>and Administrative Fees</b> received from PBMs or other contracting entities for At-Issue Products:</p>	<p><b>Question 23:</b> If You answered “yes” to question 5, please answer this question. If not, You may leave this question blank. Other than passing Rebates through to Plan members at the point of sale, describe the ways in which Your Health Plan(s) identified in response to question 5 use Rebates received from PBMs or other contracting entities for At-Issue Products:</p>

**Out-of-Pocket Costs**

(Defendants' Questions 15, 58)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<p><b>Question 15:</b> In the form of the table below or through the production of documents, for each At-Issue Product, provide the total amount of money that You spent on the At-Issue Product for members enrolled in Your Health Plan for each year during the Time Period, the total Rebates received by You, and <b>the total amount of Your members' out-of-pocket responsibility:</b></p>	<p><b>Question 15:</b> If You answered "yes" to question 5, please answer this question. If not, You may leave this question blank. In the form of the table below or through the production of documents, for each At-Issue Product, provide the total amount of money spent on the At-Issue Product for members enrolled in Your Health Plan(s) identified in response to question 5 for each year during the Time Period, and the total Rebates received by Your Health Plan(s).</p>
<p><b>Question 58:</b> In the table below, identify the out-of-pocket costs paid by Your citizens in connection with the At-Issue Products for each year:</p>	<p>No equivalent question</p>

**Injunctive Relief**

(Defendants' Question 64)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<p><b>Question 64:</b> Are You seeking any injunctive relief? _____ Yes _____ No</p> <p>If yes, <b>in the table below, identify</b> the conduct you seek to enjoin as to each defendant, <b>and the basis for such:</b></p>	<p><b>Question 47:</b> Are You seeking any injunctive relief? _____ Yes _____ No</p> <p>If yes, <b>summarize</b> the conduct you seek to enjoin as to each defendant:</p>



**Individuals To Be Used in Support of Claims/Defenses**

(Defendants' Question 53)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<b>Question 53:</b> Identify below each citizen of your State You intend to use to support Your claims or defenses in this lawsuit.	No equivalent question

**Memberships**

(Defendants' Question 51)

Defendants' Proposed Question/Request	Plaintiffs' Proposed Question/Request
<b>Question 51:</b> In the form of the table below, identify any organizations that You are a part of that share information regarding at-issue insulins, pharmaceutical pricing, Rebates, PBM or drug pricing reform or legislation, including, but not limited to, MMCAP or any other group purchasing organization, and identify any of Your employees who are involved in that organization:	No equivalent question